

PTO/SB/21 (05-03)

Approved for use through 04/30/2003, OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/707,117	
	Filing Date	11/6/2000	
	First Named Inventor	Wolff, Jon A.	
	Art Unit	1632	
	Examiner Name	Michael C. Wilson	
Total Number of Pages in This Submission	16	Attorney Docket Number	Mirus.018.02

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE supplemental information with declaration
Remarks: declaration enclosed regarding supplemental information		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Mirus Corporation	
Signature		
Date	05/09/2003	

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CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kirk Ekona		
Signature		Date	05/09/2003

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PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 375.00**Complete if Known**

Application Number	09/707,117
Filing Date	11/6/2000
First Named Inventor	Wolff, Jon A.
Examiner Name	Michael C. Wilson
Group Art Unit	1632
Attorney Docket No.	Mirus.018.02

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

- ☐
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- 
- ☐
- Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check ☒ Credit card ☐ Money Order ☐ Other
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

**SUBTOTAL (1) (\$)****2. EXTRA CLAIM FEES**

Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent		-20** =		X			
Claims		-3** =		X			
Multiple Dependent							

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

\*\*or number previously paid. If greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	820	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	375.00
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_  
\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** 375.00**SUBMITTED BY**

Name (Print/Type)	Mark K. Johnson	Registration No. (Attorney/Agent)	35,909	Telephone	608-238-4400
Signature		Date	05/09/2003		

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PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 065 1-0043

United States Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**United States Patent & Trademark Office**  
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May 9, 2003

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**Service Charge:** There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

**Credit Card Billing Address****Street Address 1:** Mirus Corporation**Street Address 2:** 505 S. Rosa Rd.**City:** Madison**State:** WI**Zip/Postal Code:** 53719**Country:** US**Daytime Phone #:** 608-238-4400**Fax #:** 608-441-2849**Request and Payment Information**

**Description of Request and Payment Information:** Request for Continued Examination fee for application entitled:  
**Intravascular Delivery of Nucleic Acid**

☒ **Patent Fee**☐ **Patent Maintenance Fee**☐ **Trademark Fee**☐ **Other Fee****Application No.**

09/707,117

**Application No.****Serial No.****IDON Customer No.****Patent No.****Patent No.****Registration No.****Attorney Docket No.**

Mirus.018.02

**Identify or Describe Mark**

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